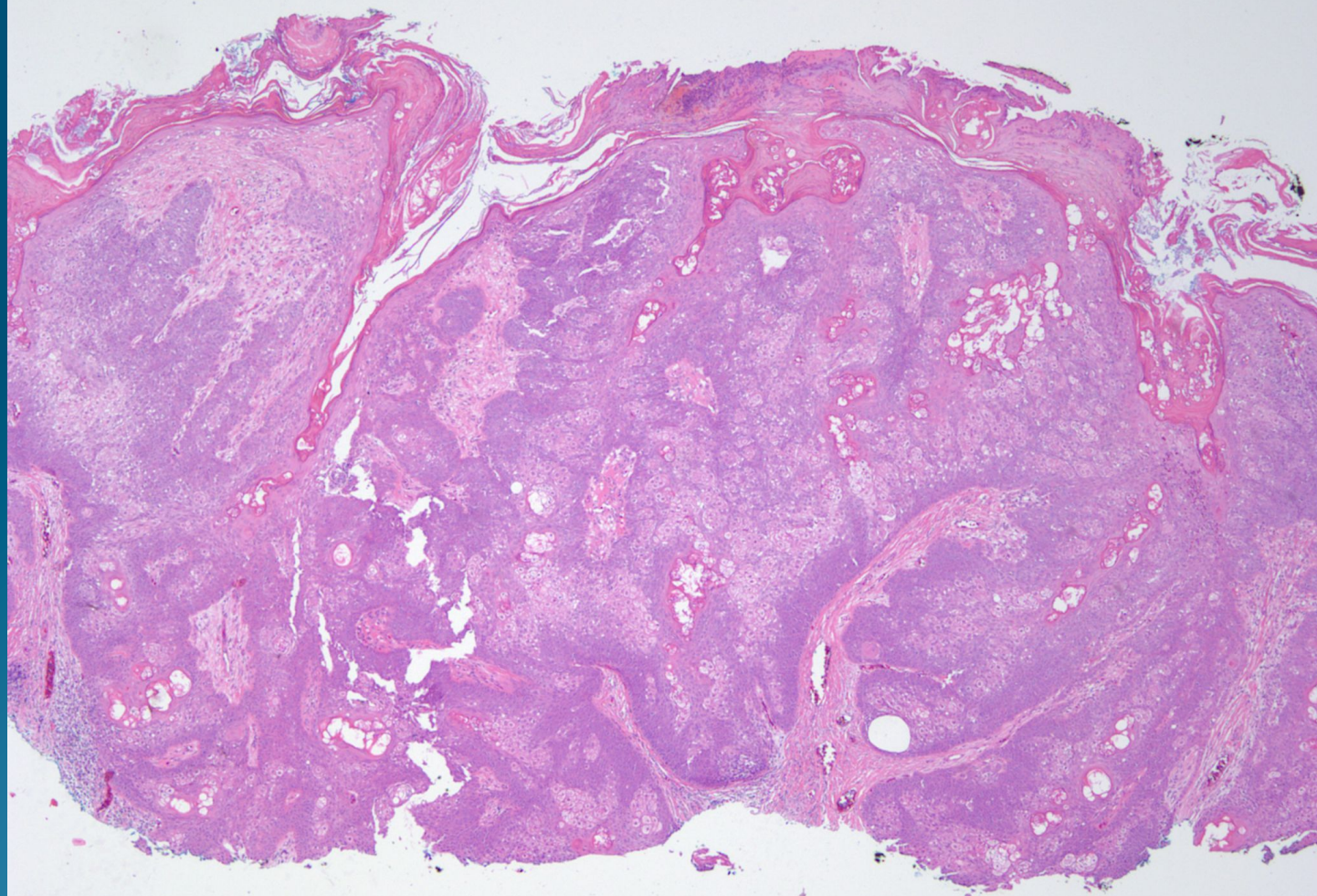
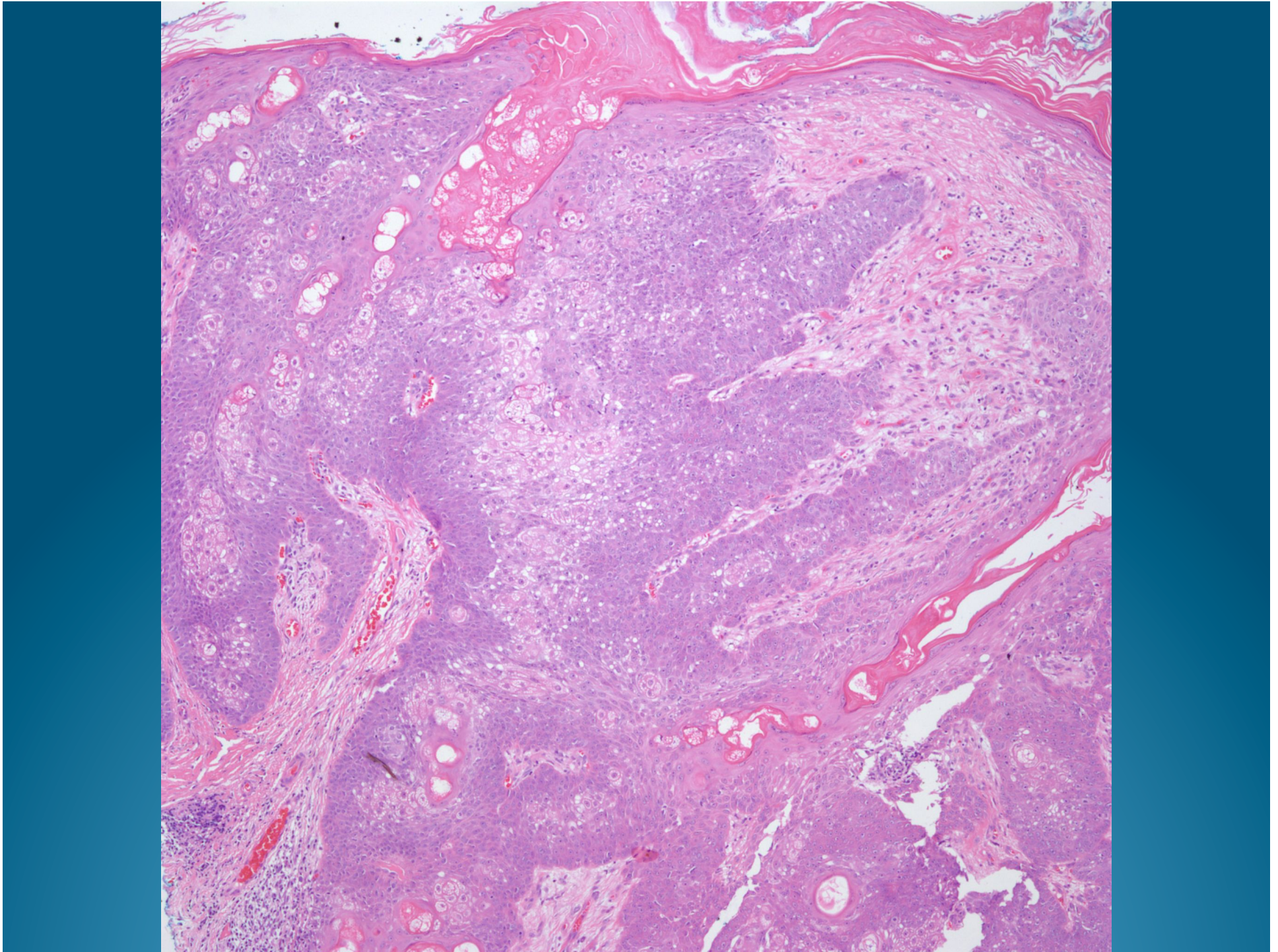
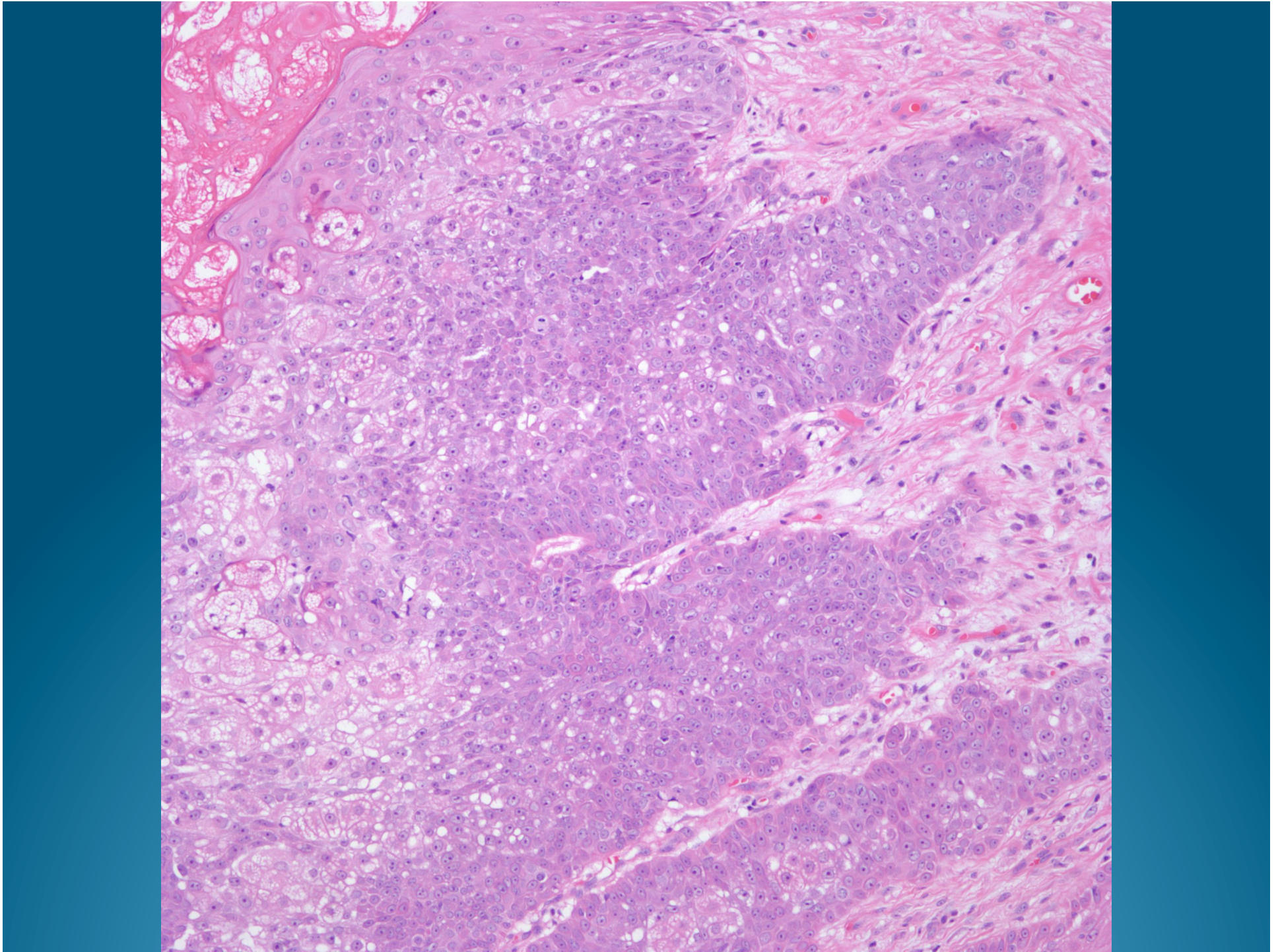


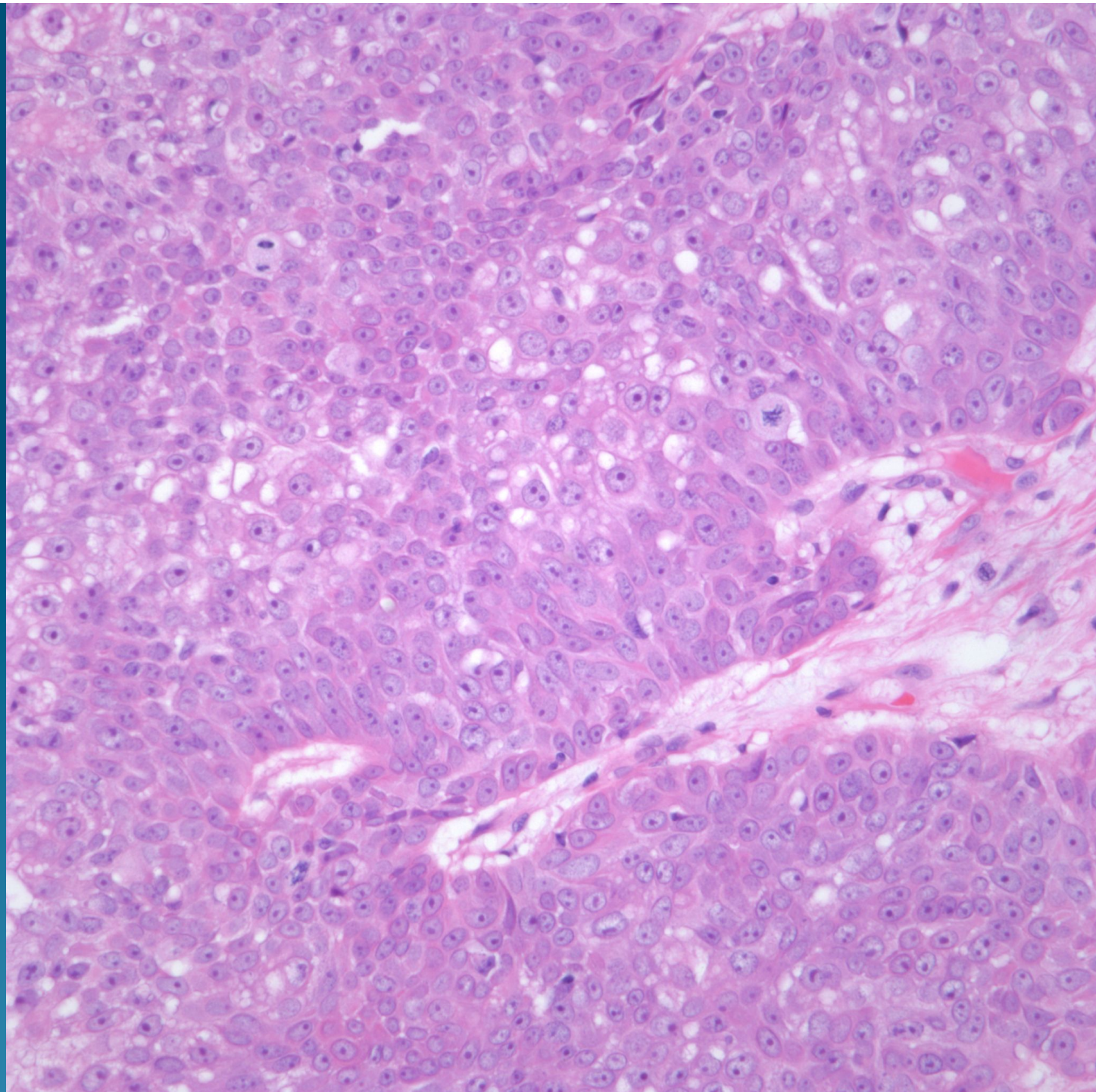
Dermatopathology Slide Review Part 132

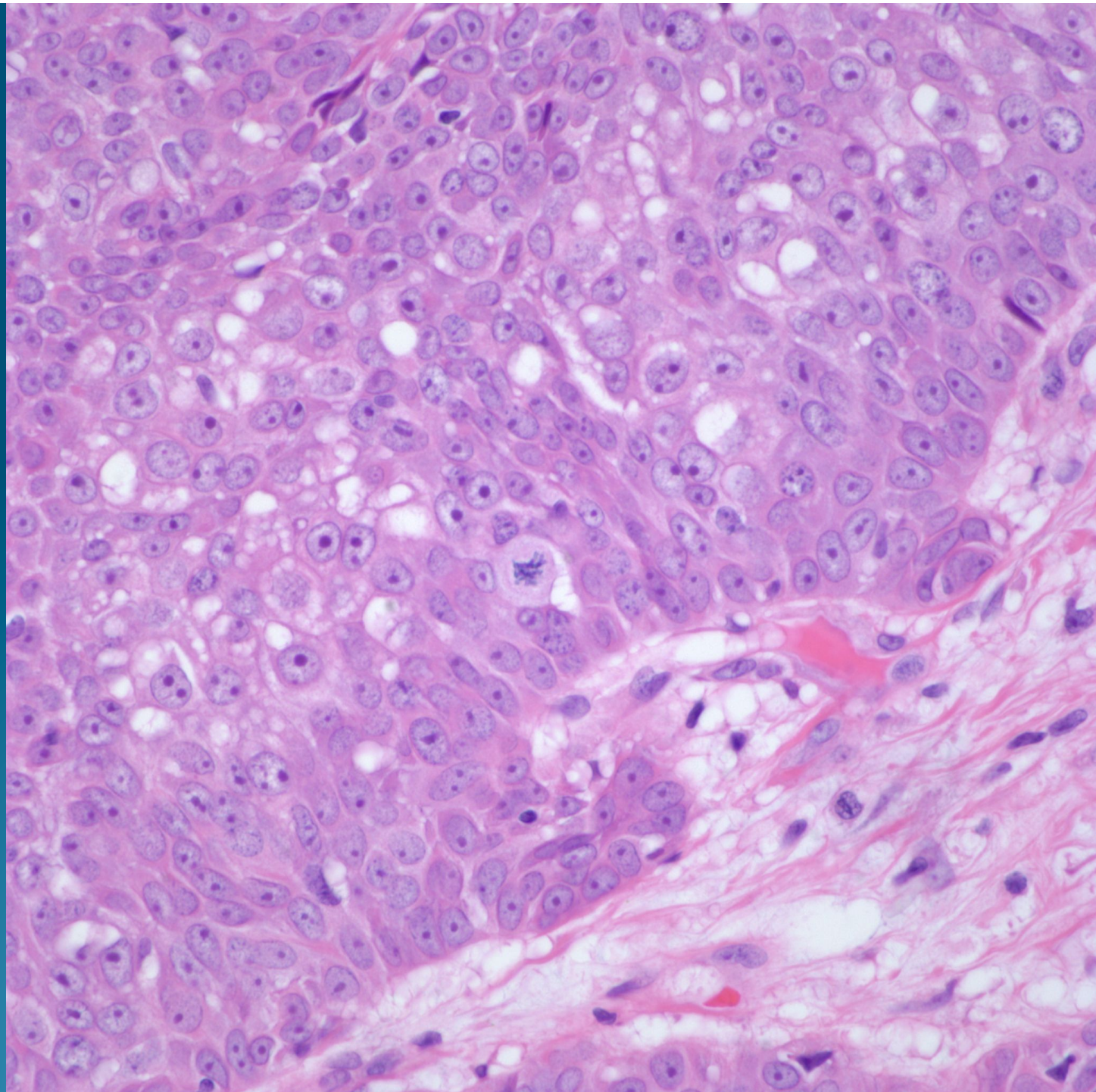
Paul K. Shitabata, M.D.
Dermatopathology Institute
Torrance, CA









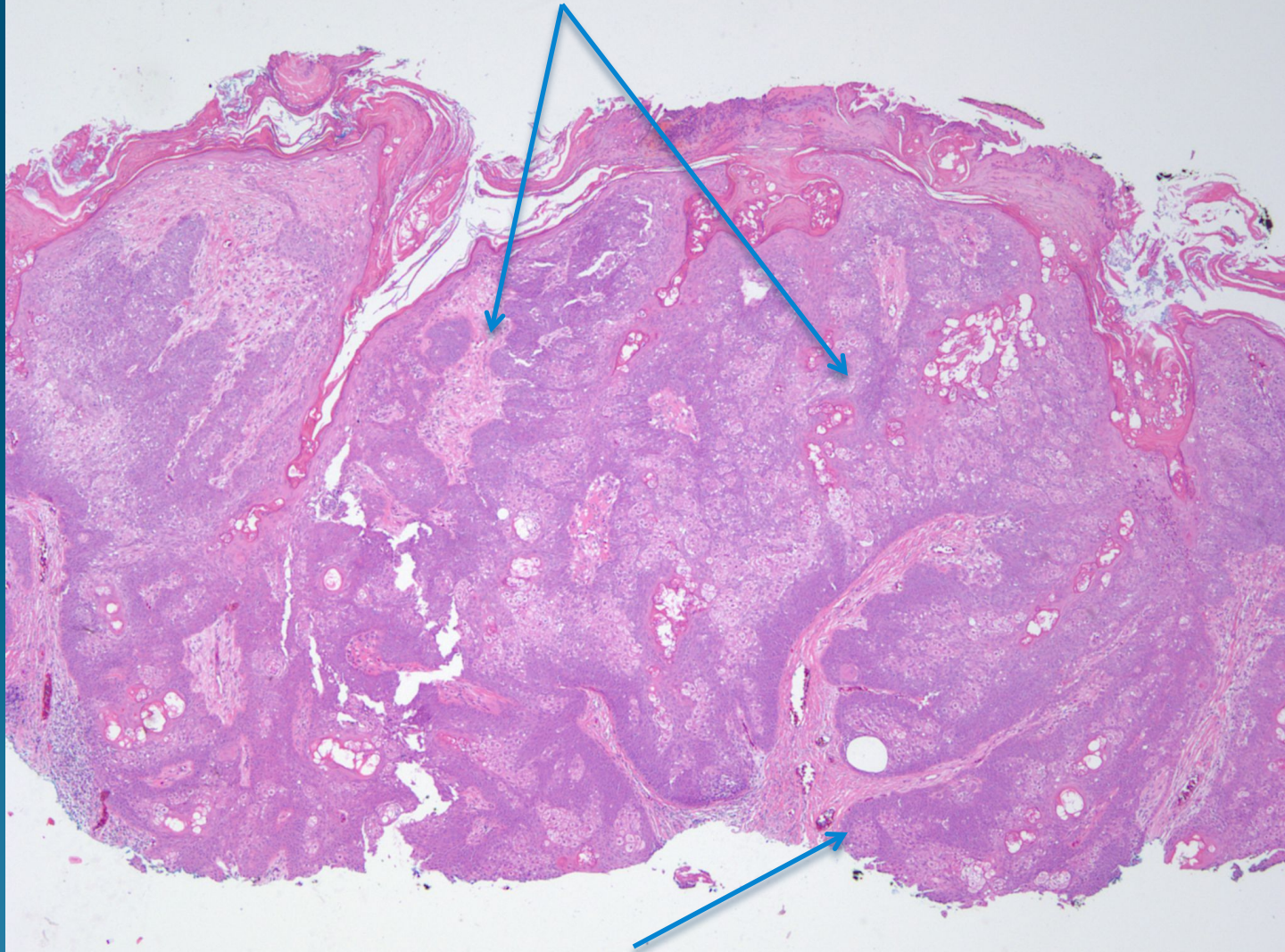


What is the best diagnosis?

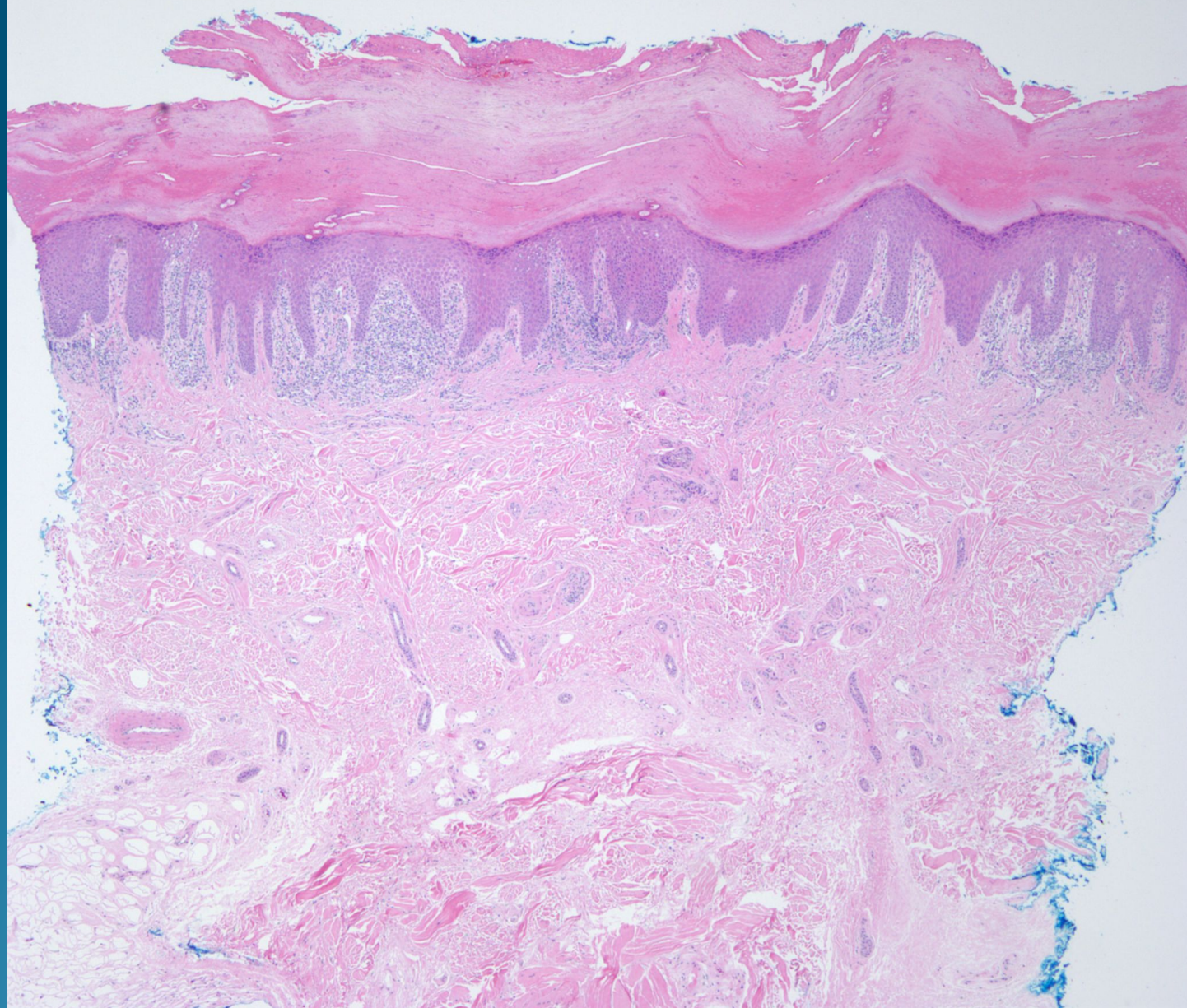
- A. Trichilemmal carcinoma
- B. Trichoblastoma
- C. Keratoacanthoma
- D. Pilomatricoma
- E. Sebaceous carcinoma

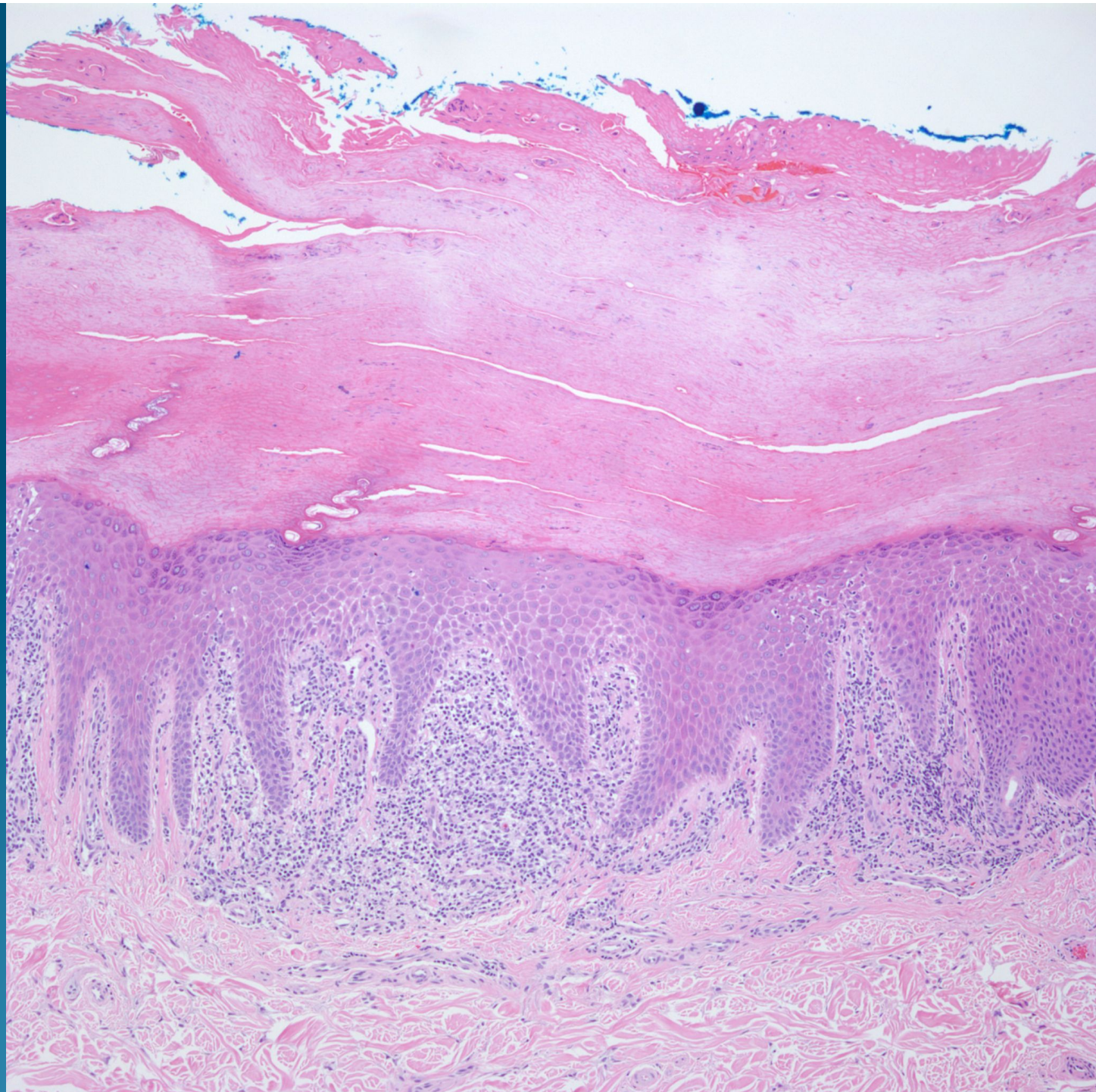
Sebaceous Carcinoma

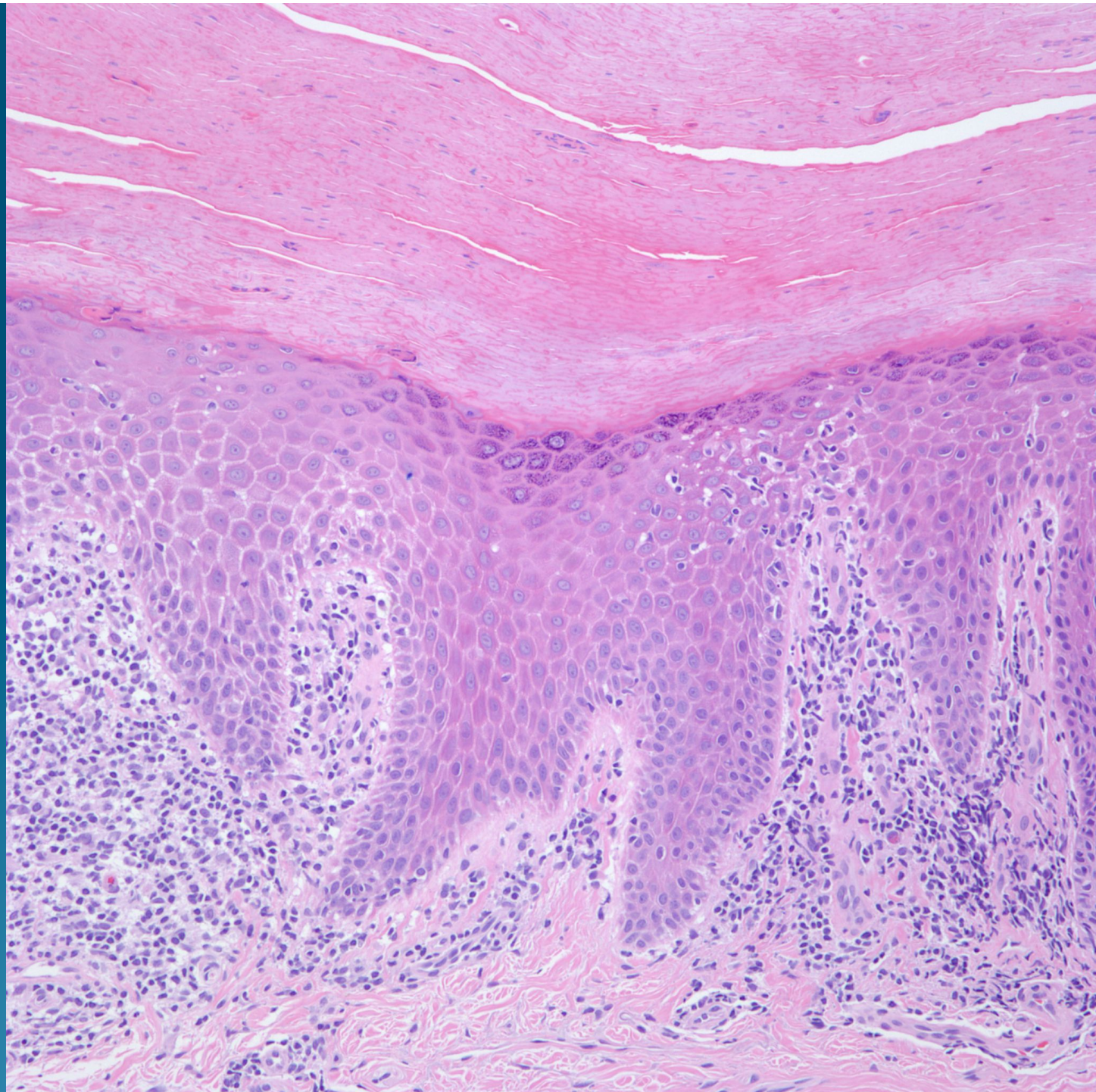
Invasive nests of squamous epithelial cells with sebocytes in
Varying stages of maturation

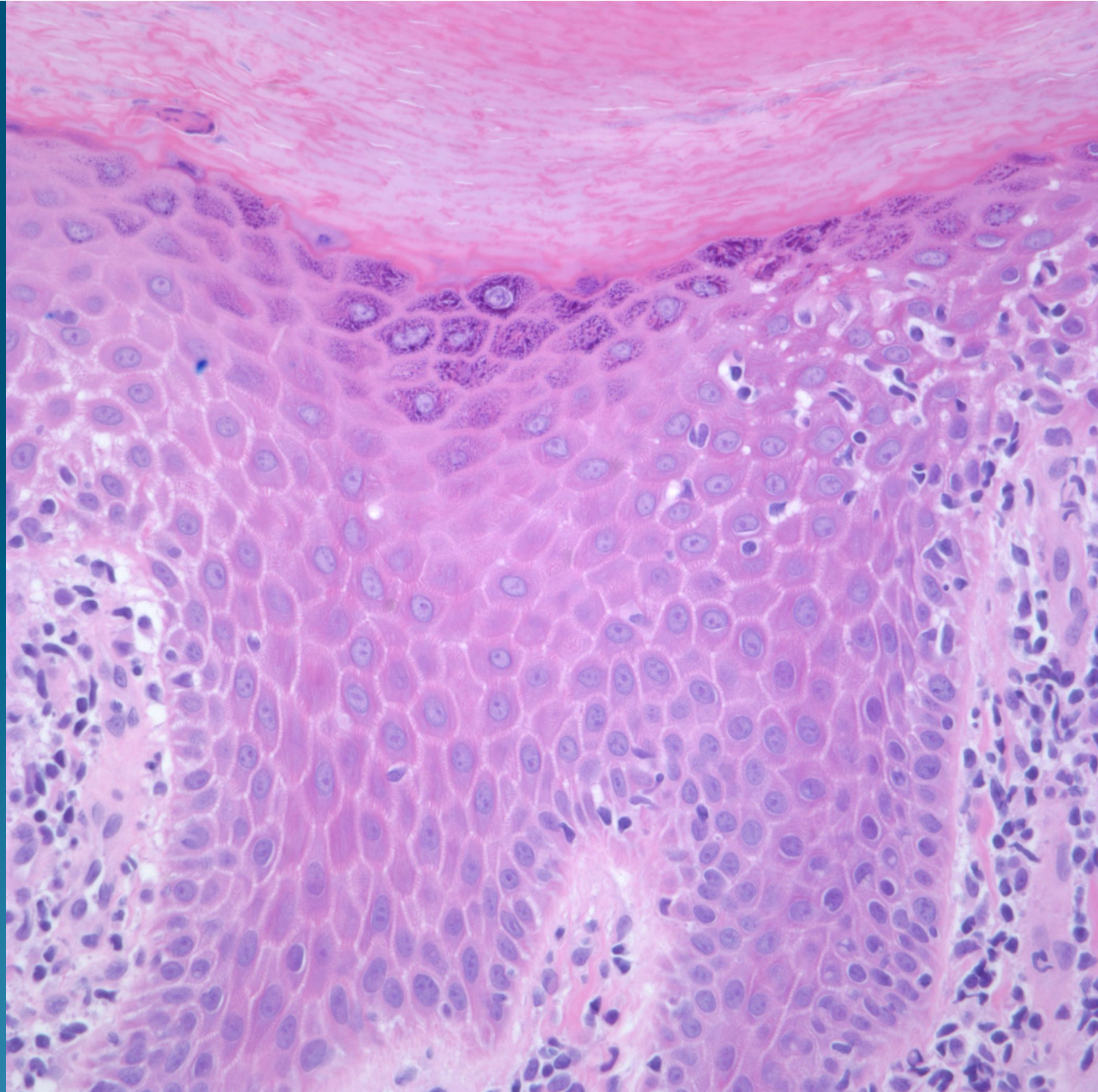


Cytologically malignant sebocytes and keratinocytes









Appropriate differential diagnostic considerations include all except:

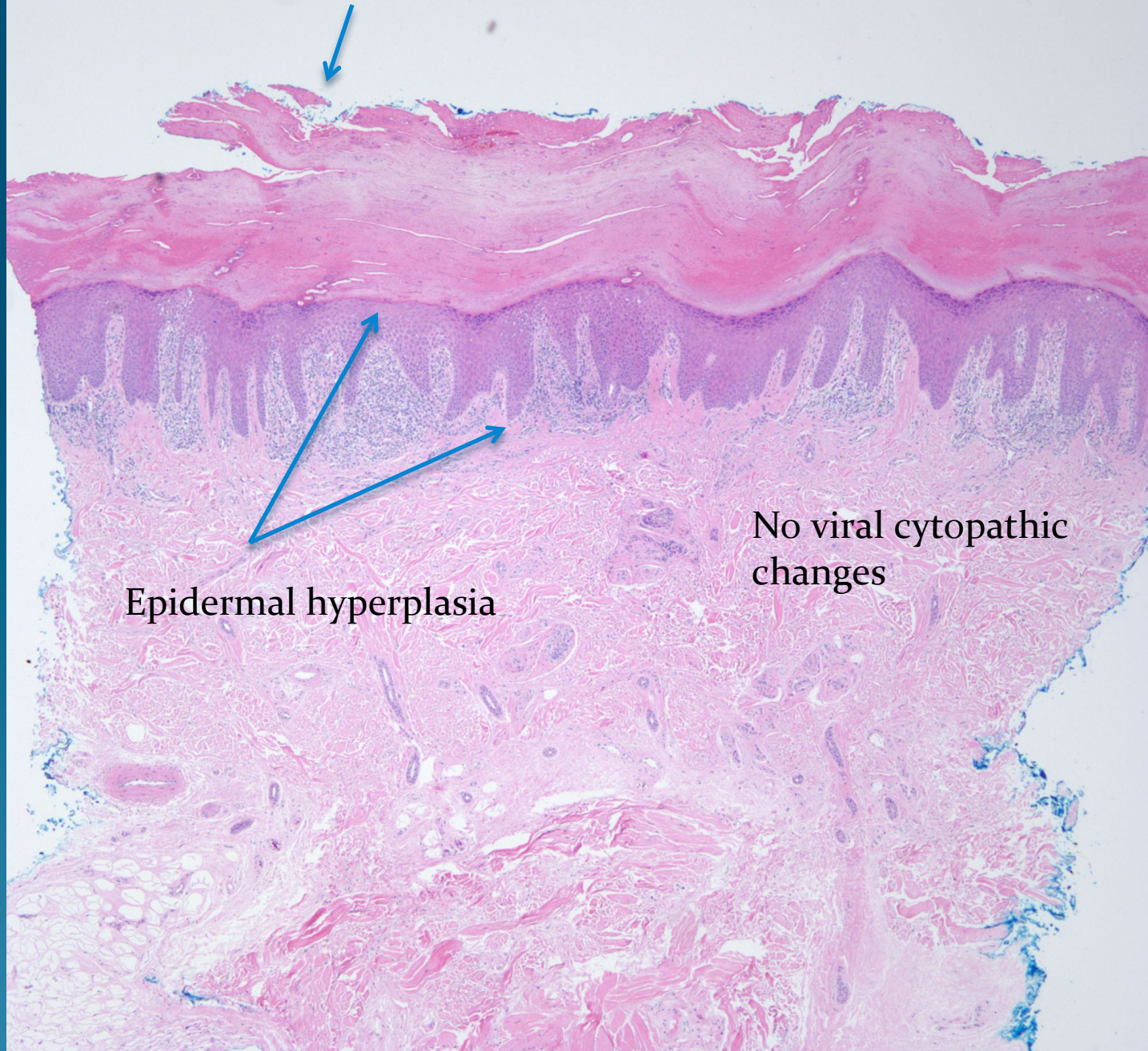
- Keratoderma
- Callus
- Epidermolytic hyperkeratosis
- Dyshidrotic eczema
- Lichen simplex chronicus

Epidermolytic hyperkeratosis

Notes

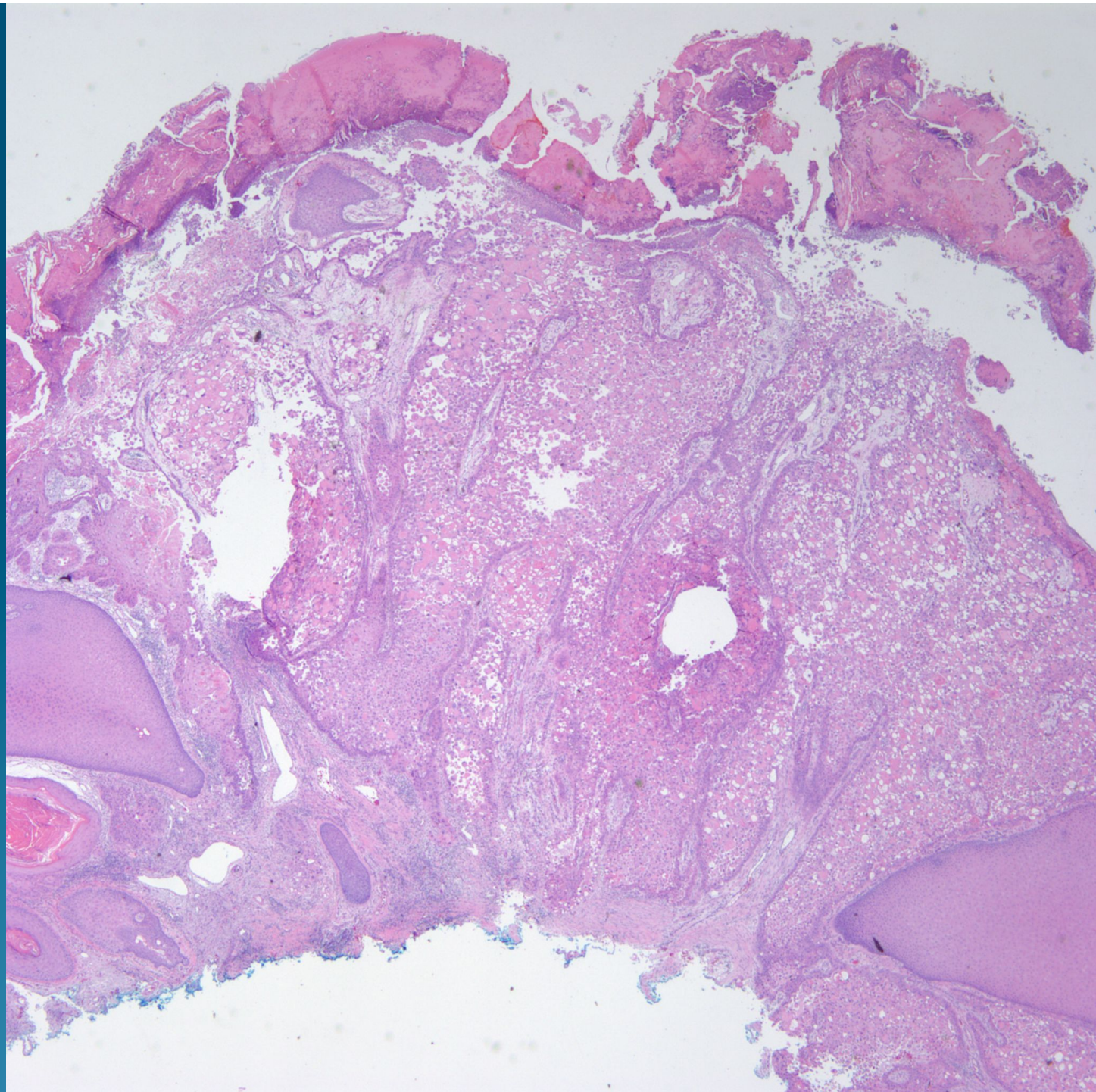
- This is an example of an acquired keratoderma
- The histopathology can be similar in many conditions including a callus but not in an epidermolytic hyperkeratosis which would show the classic dissolution of the granular layer

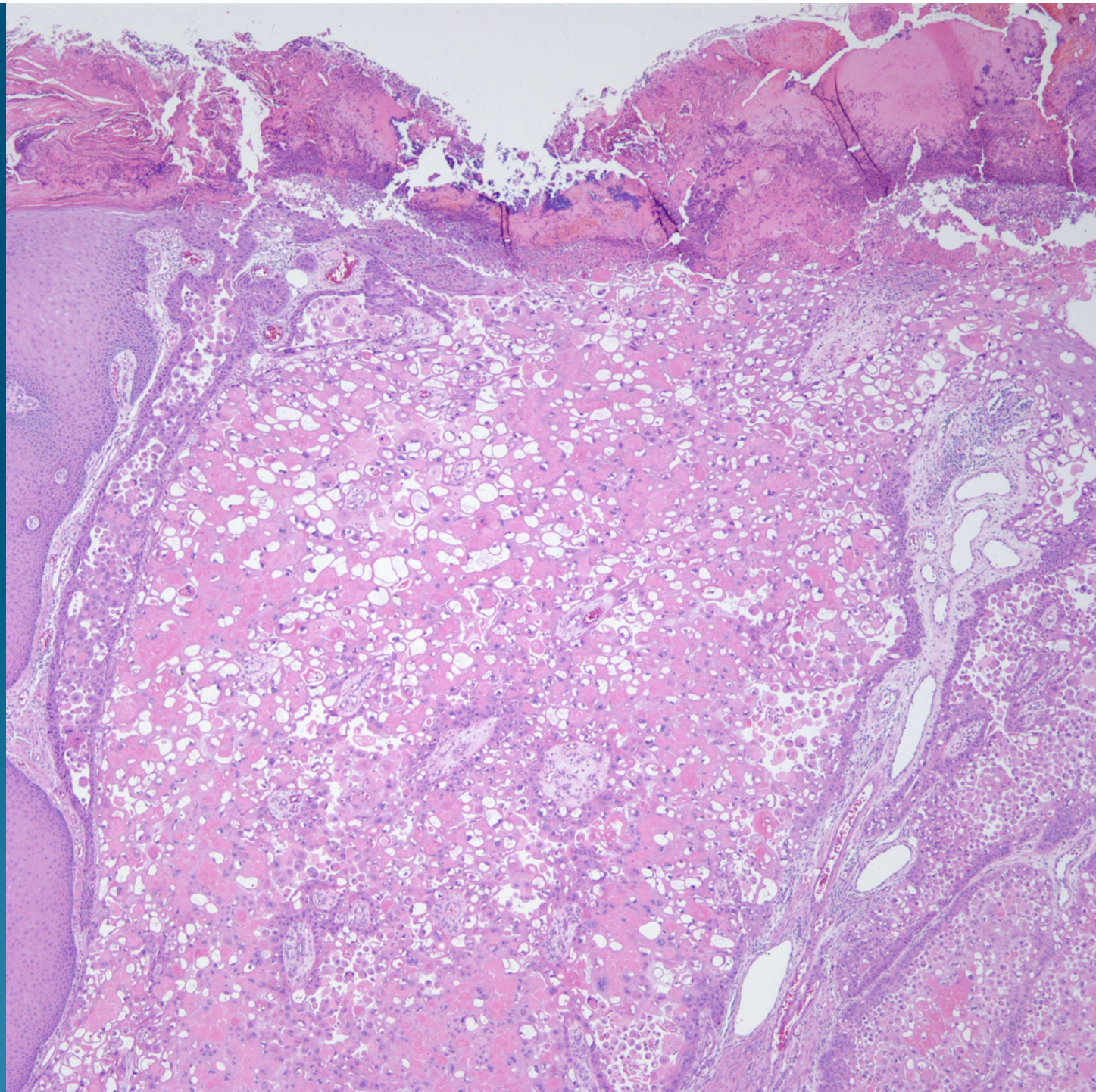
Pronounced hyper and parakeratosis

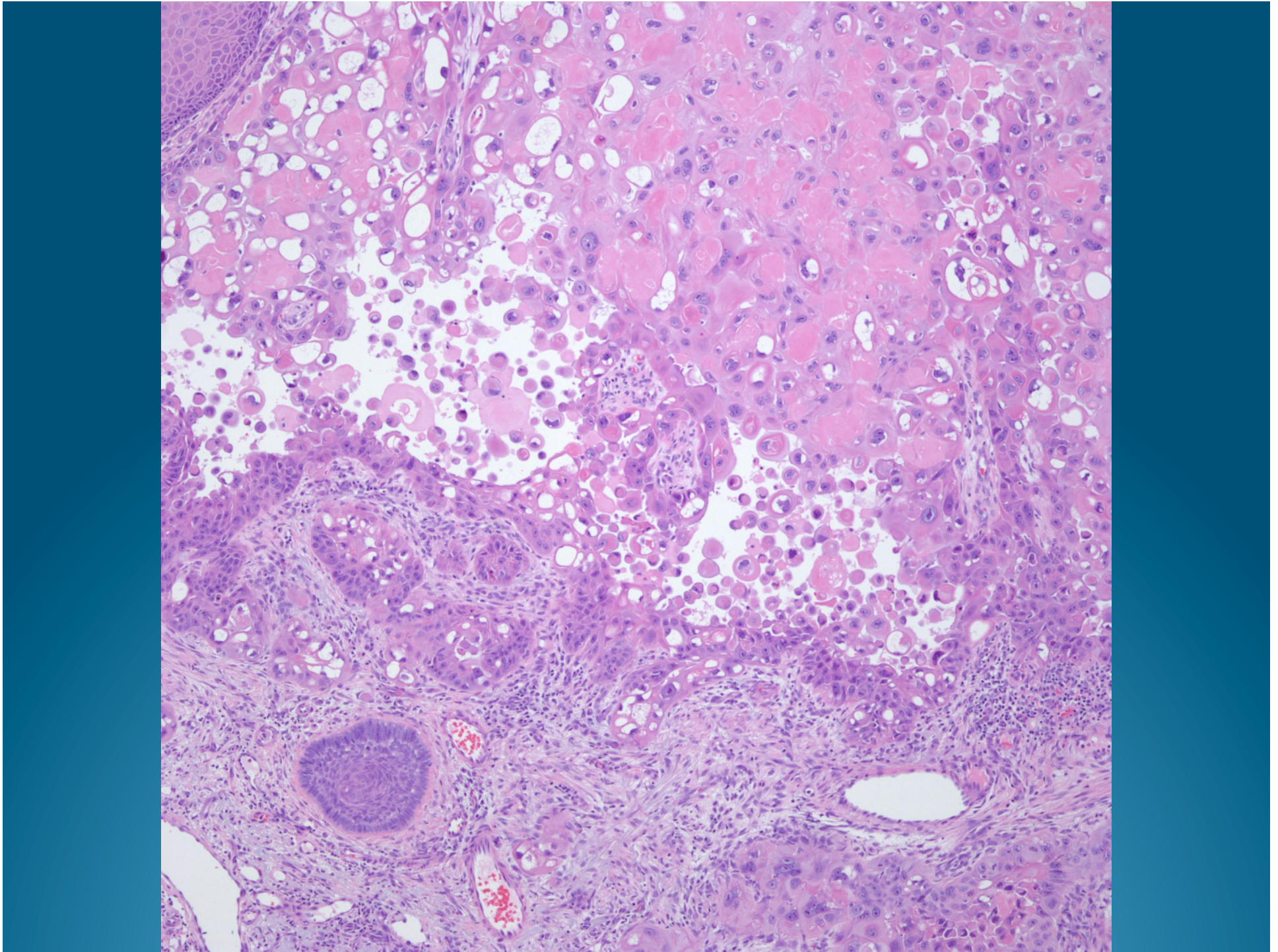


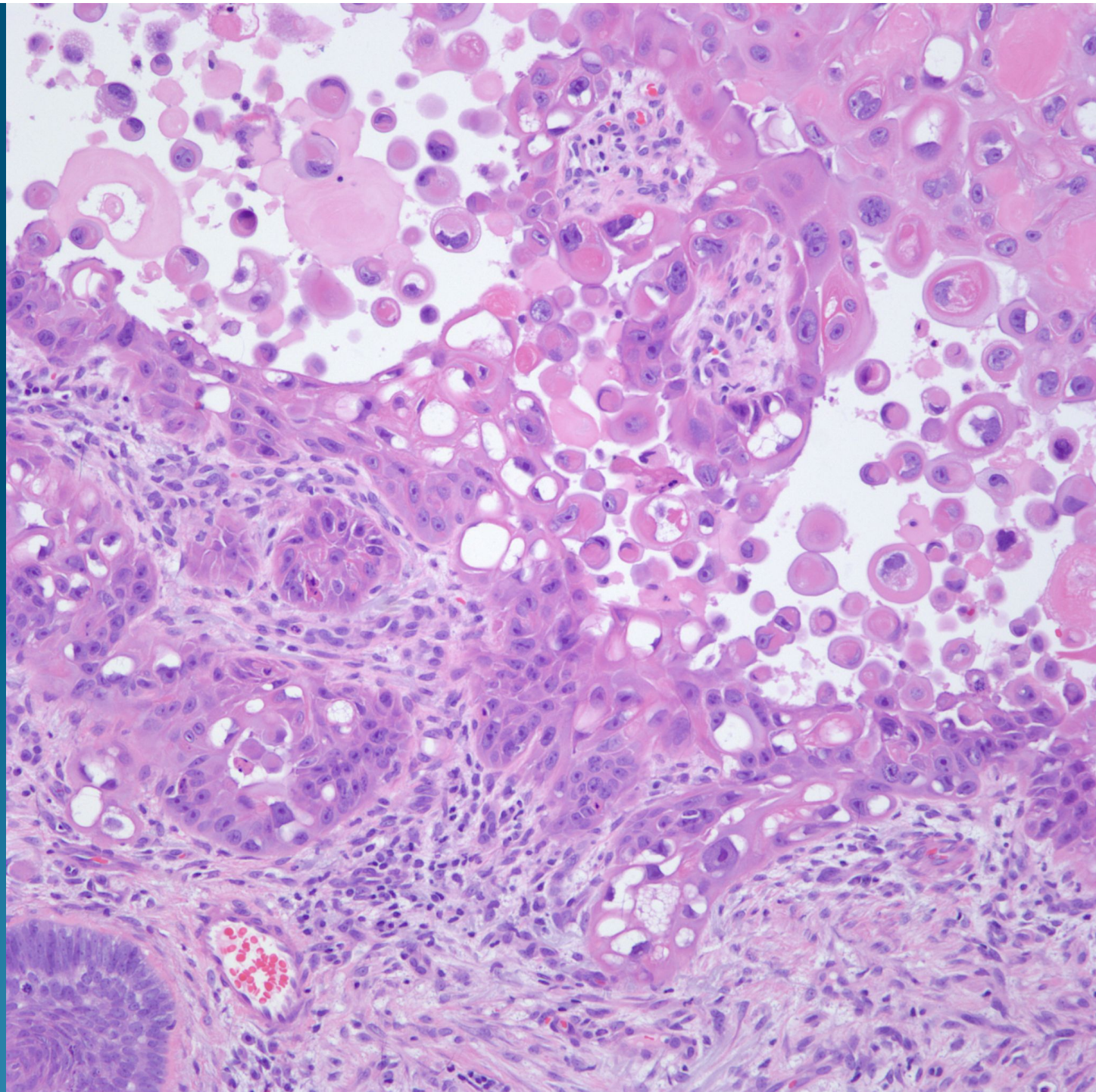
Epidermal hyperplasia

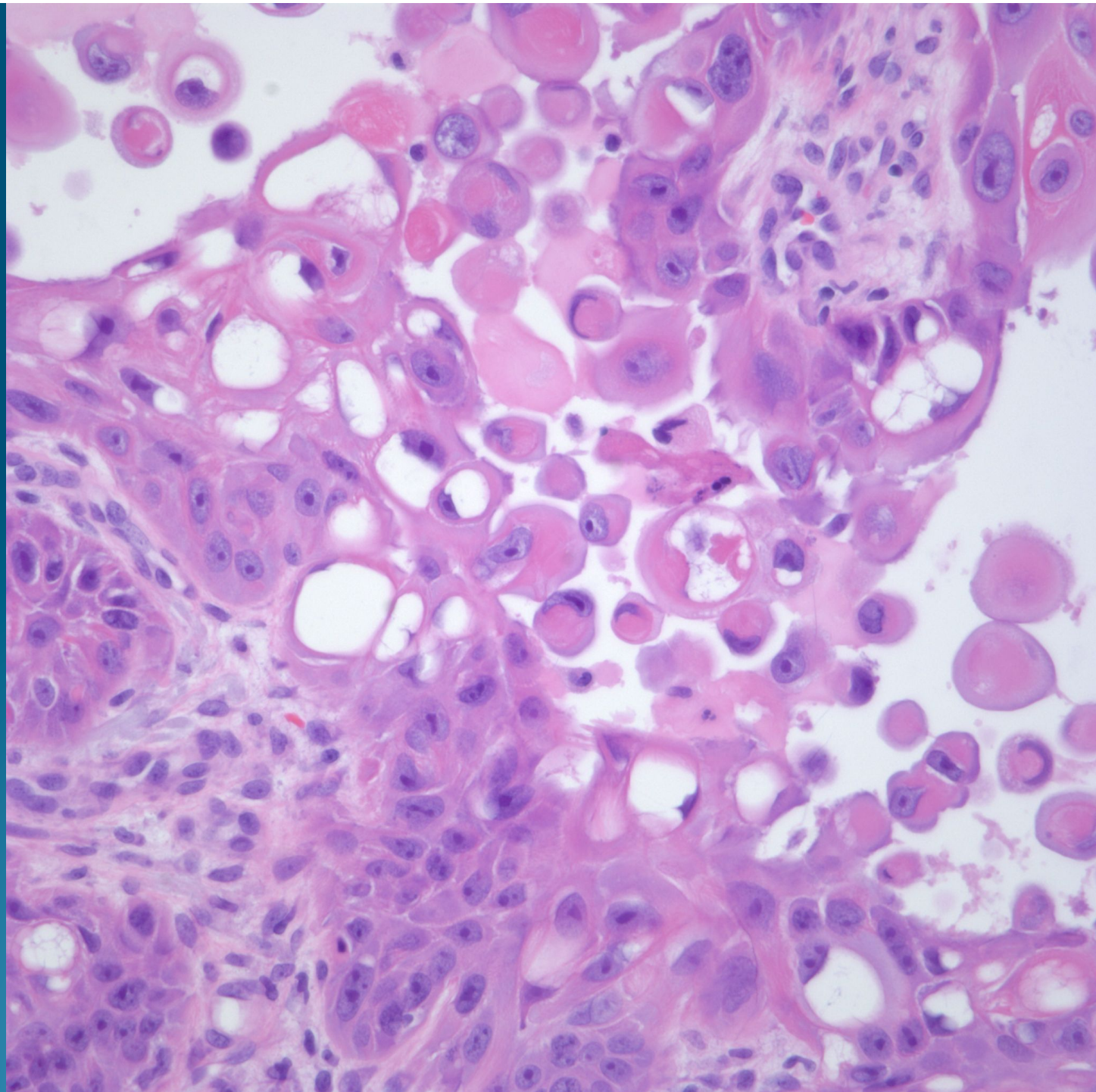
No viral cytopathic changes









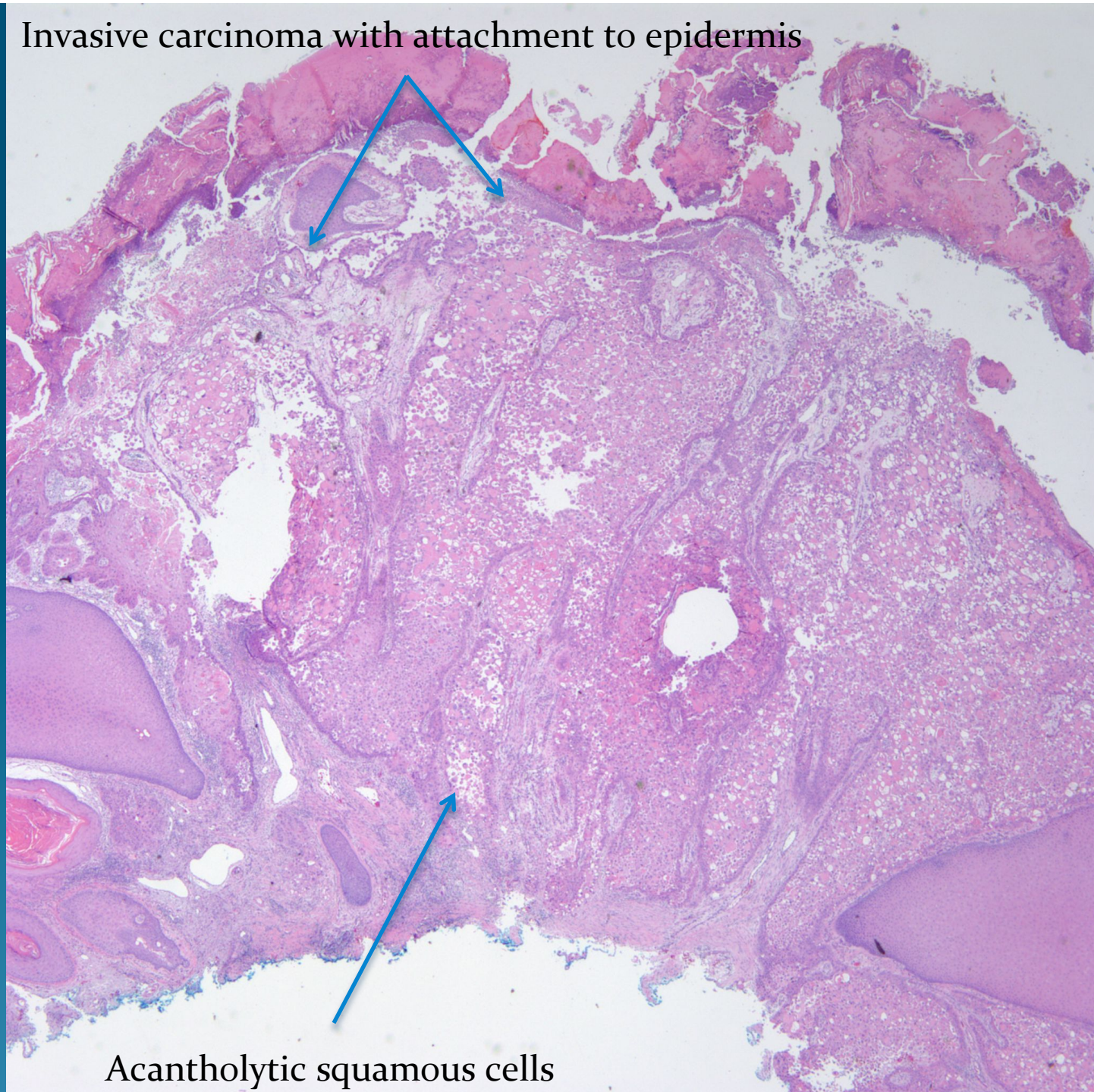


What is the best diagnosis?

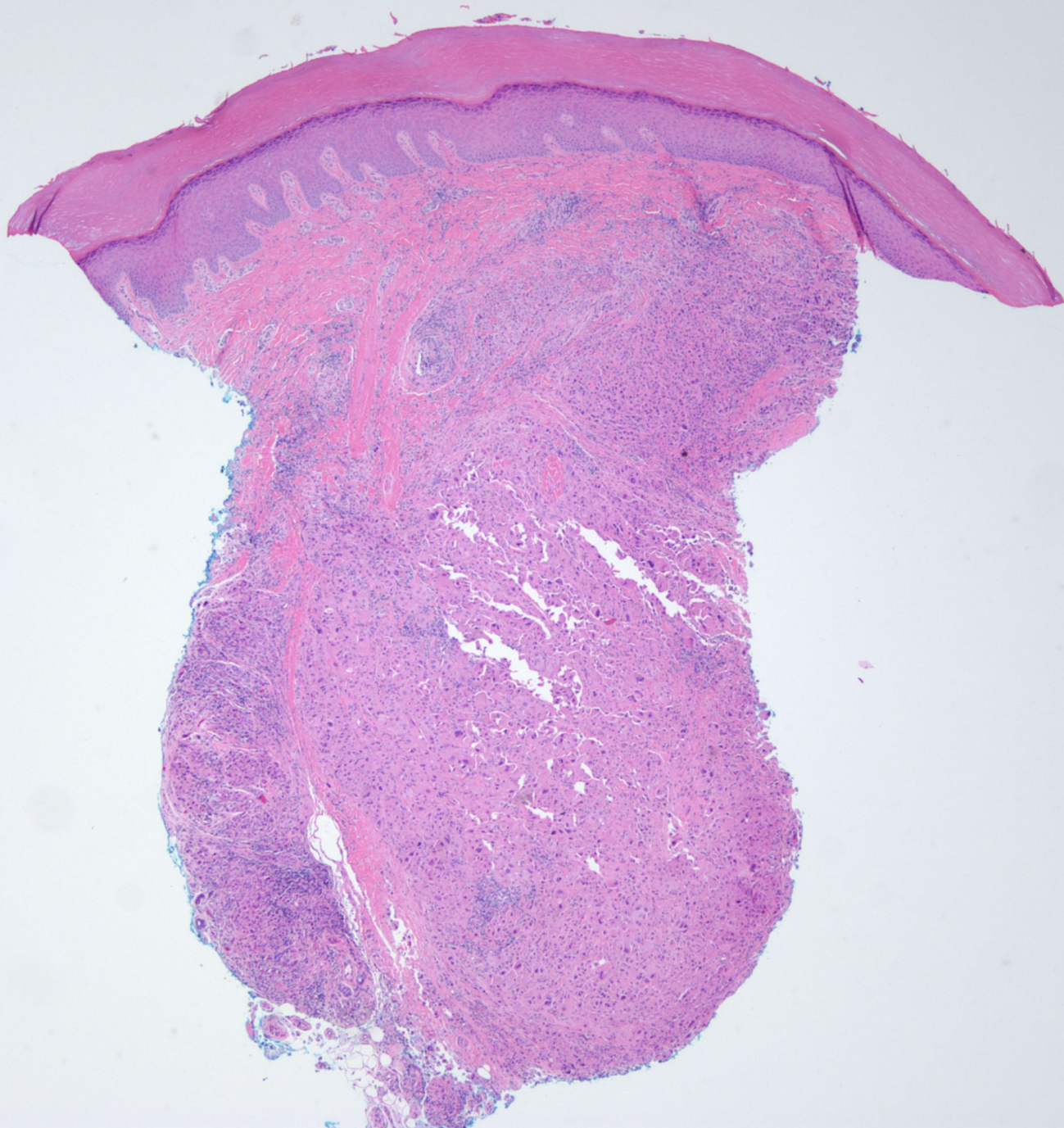
- A. Epithelioid angiosarcoma
- B. Atypical fibroxanthoma
- C. Basal Cell Carcinoma
- D. Warty Dyskeratoma
- E. Squamous cell carcinoma

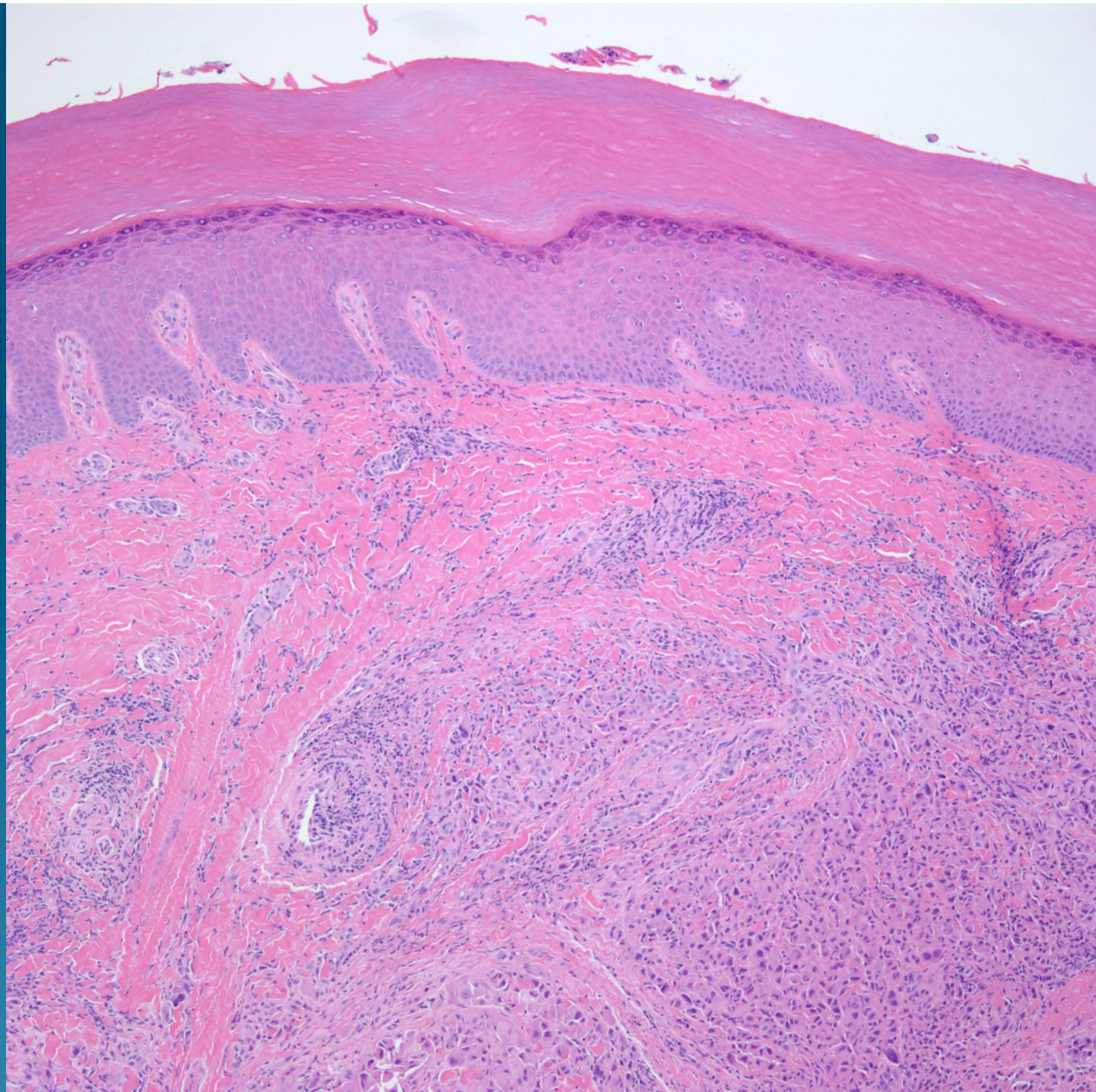
Squamous Cell Carcinoma,
Well differentiated
With Acantholytic Features

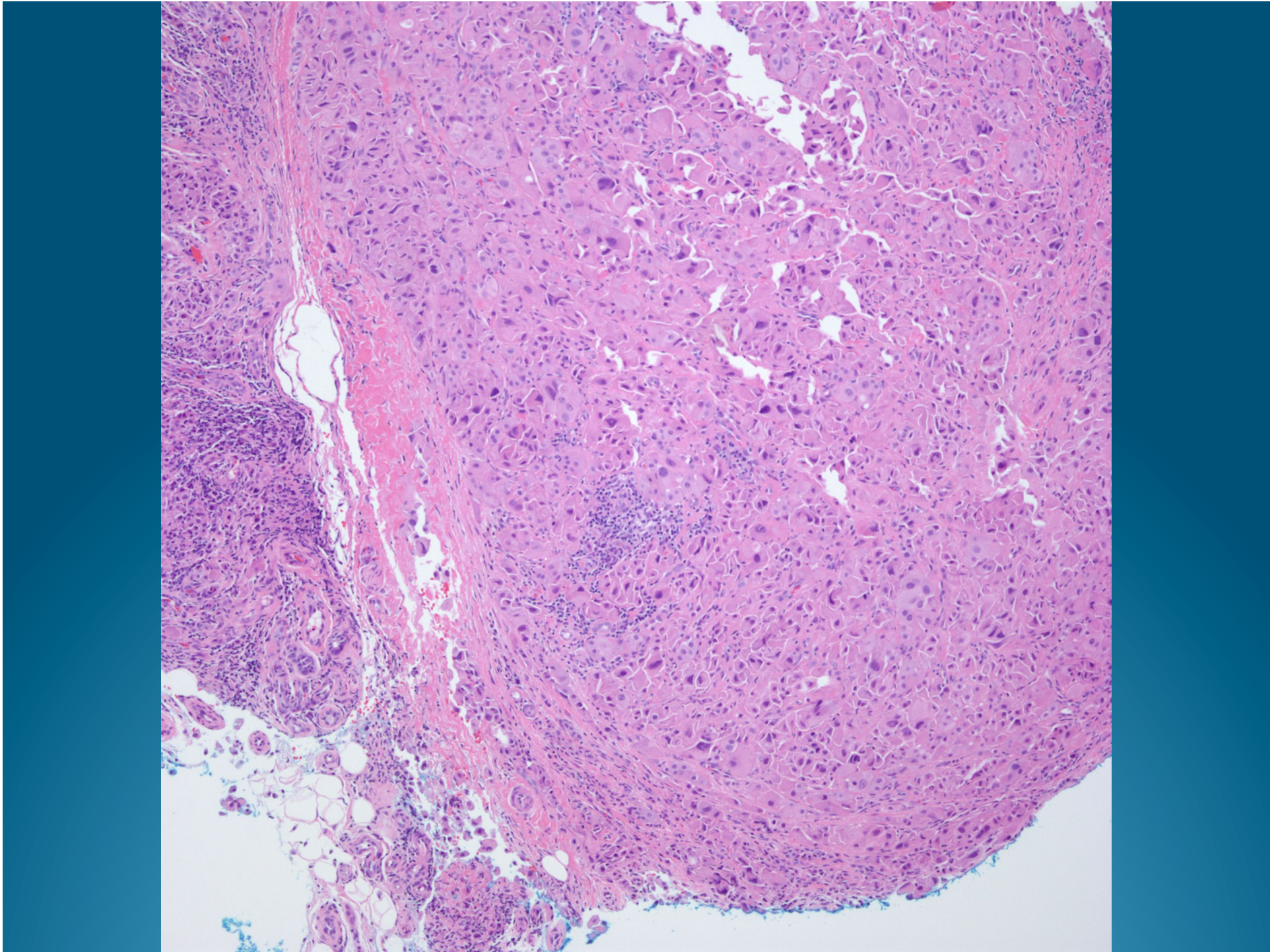
Invasive carcinoma with attachment to epidermis

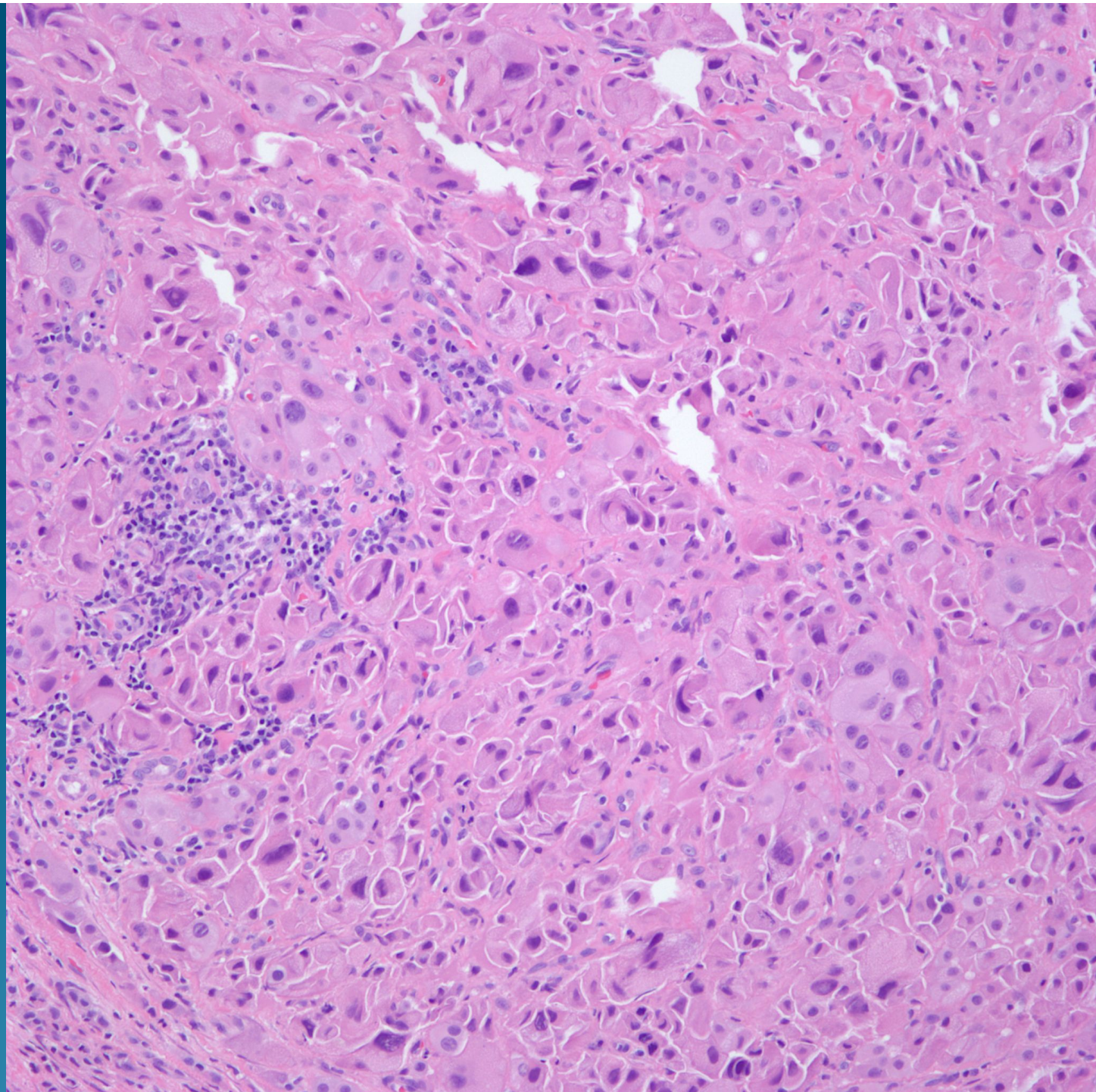


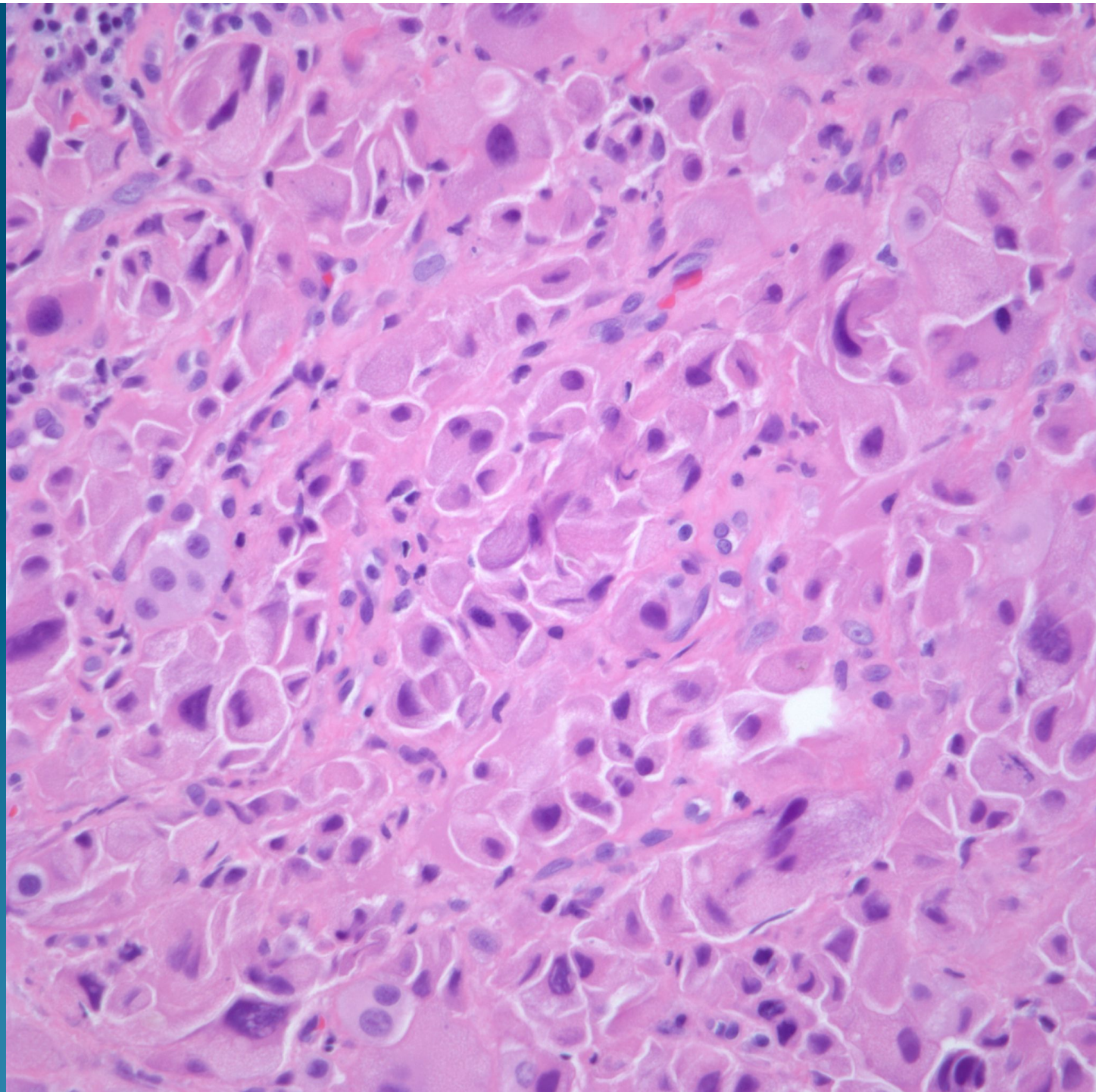
Acantholytic squamous cells



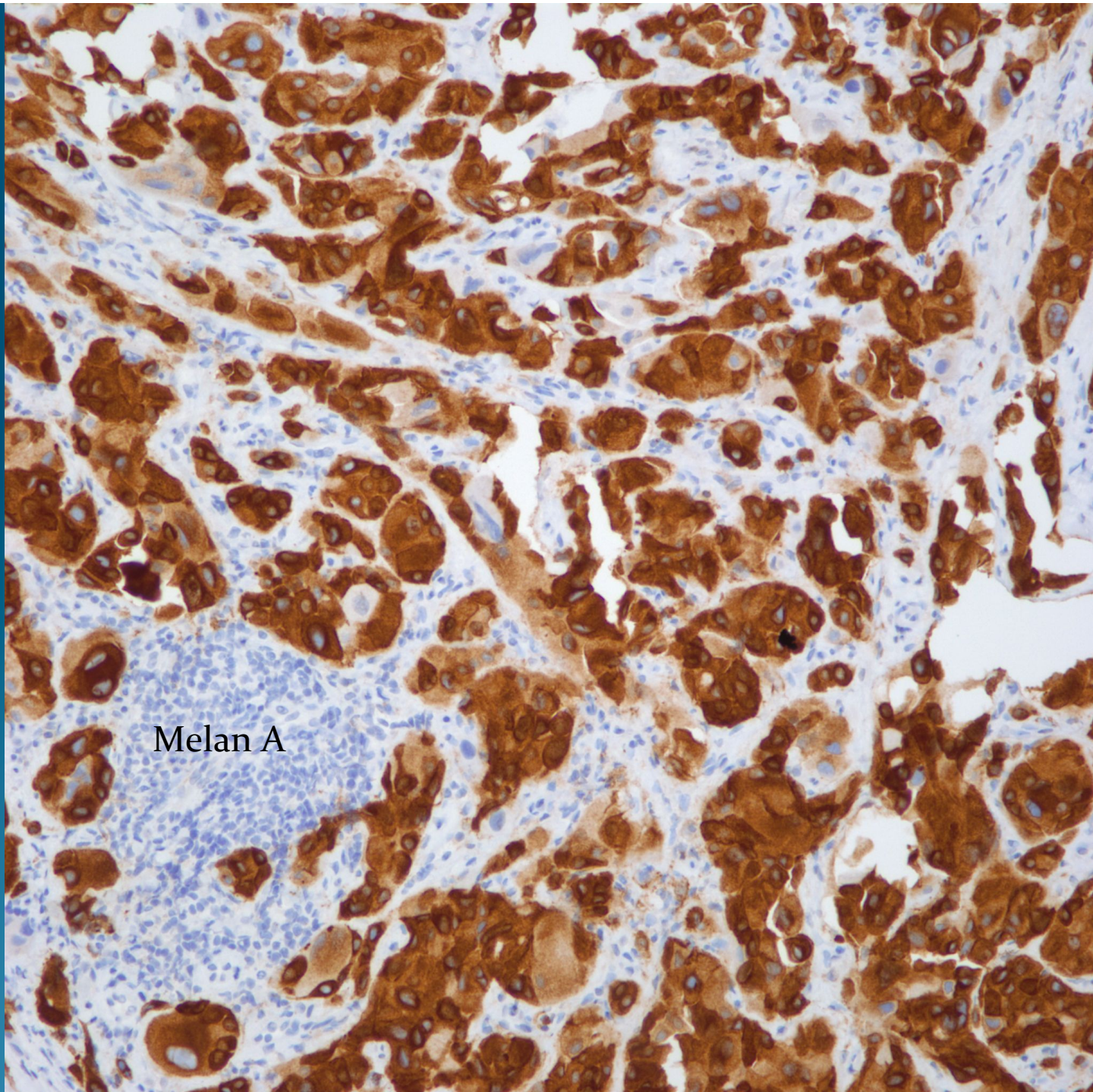








Melan A



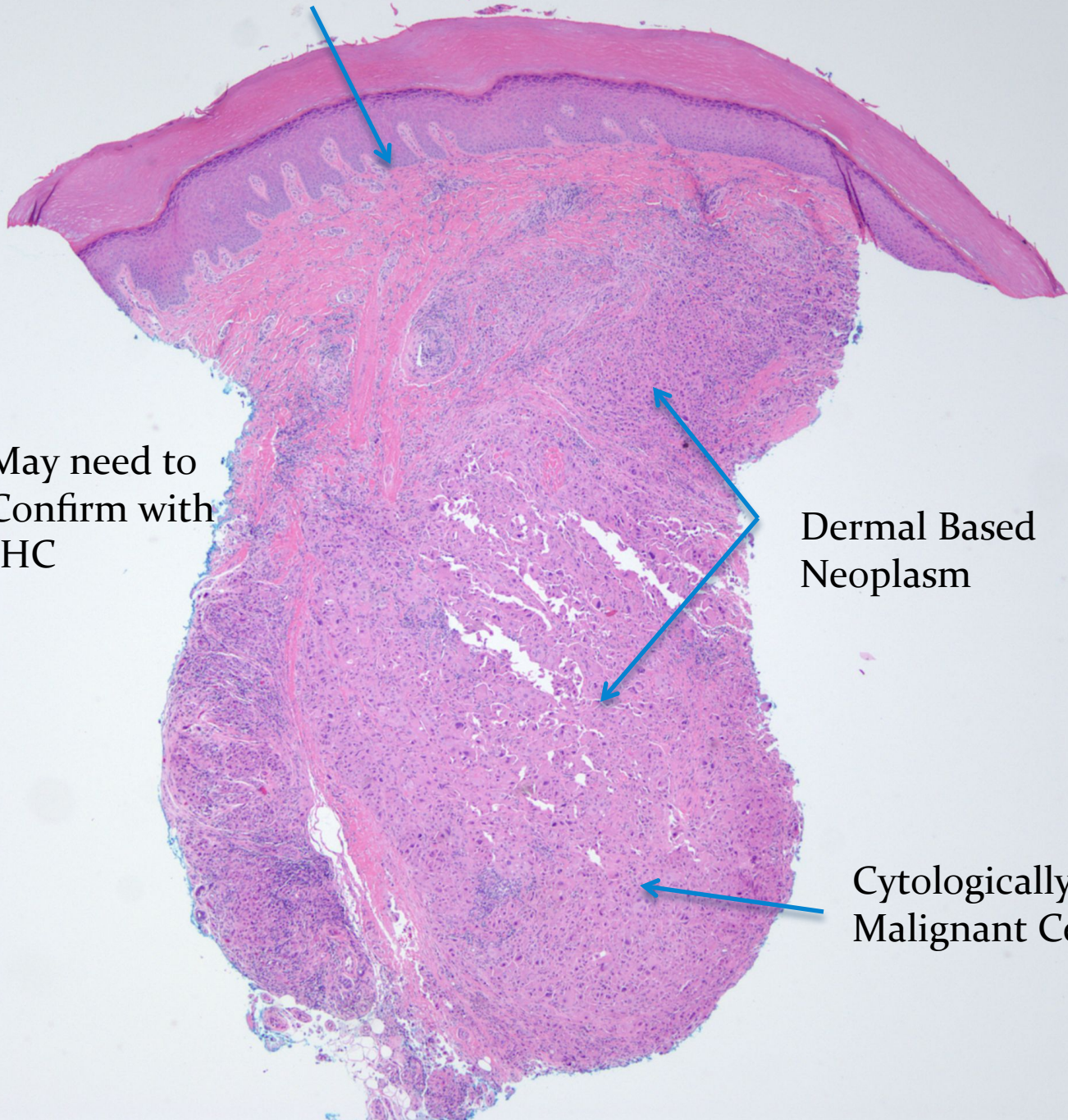
Malignant Melanoma Metastatic to the Skin

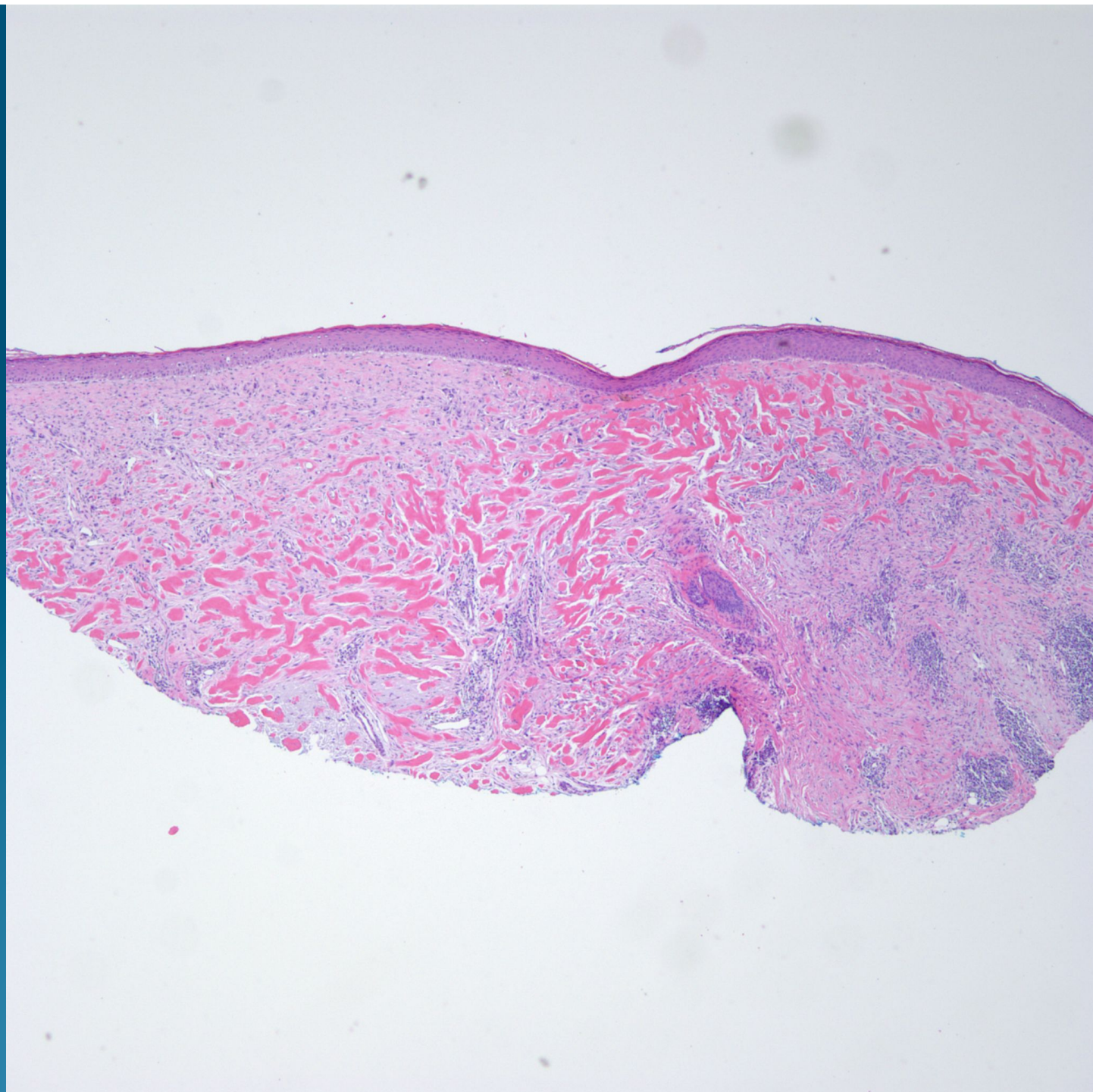
Lack of junctional melanocytic nests

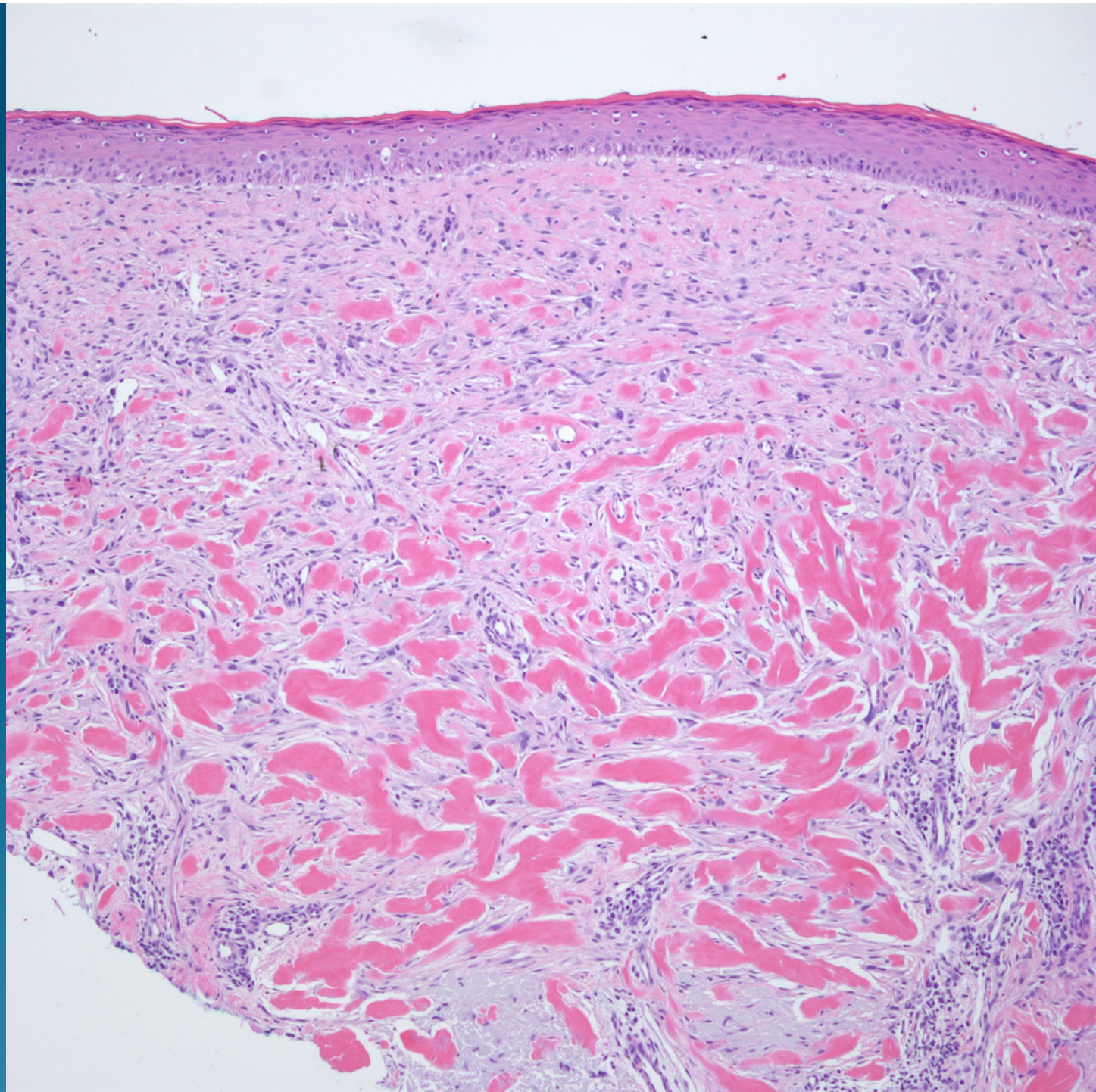
May need to
Confirm with
IHC

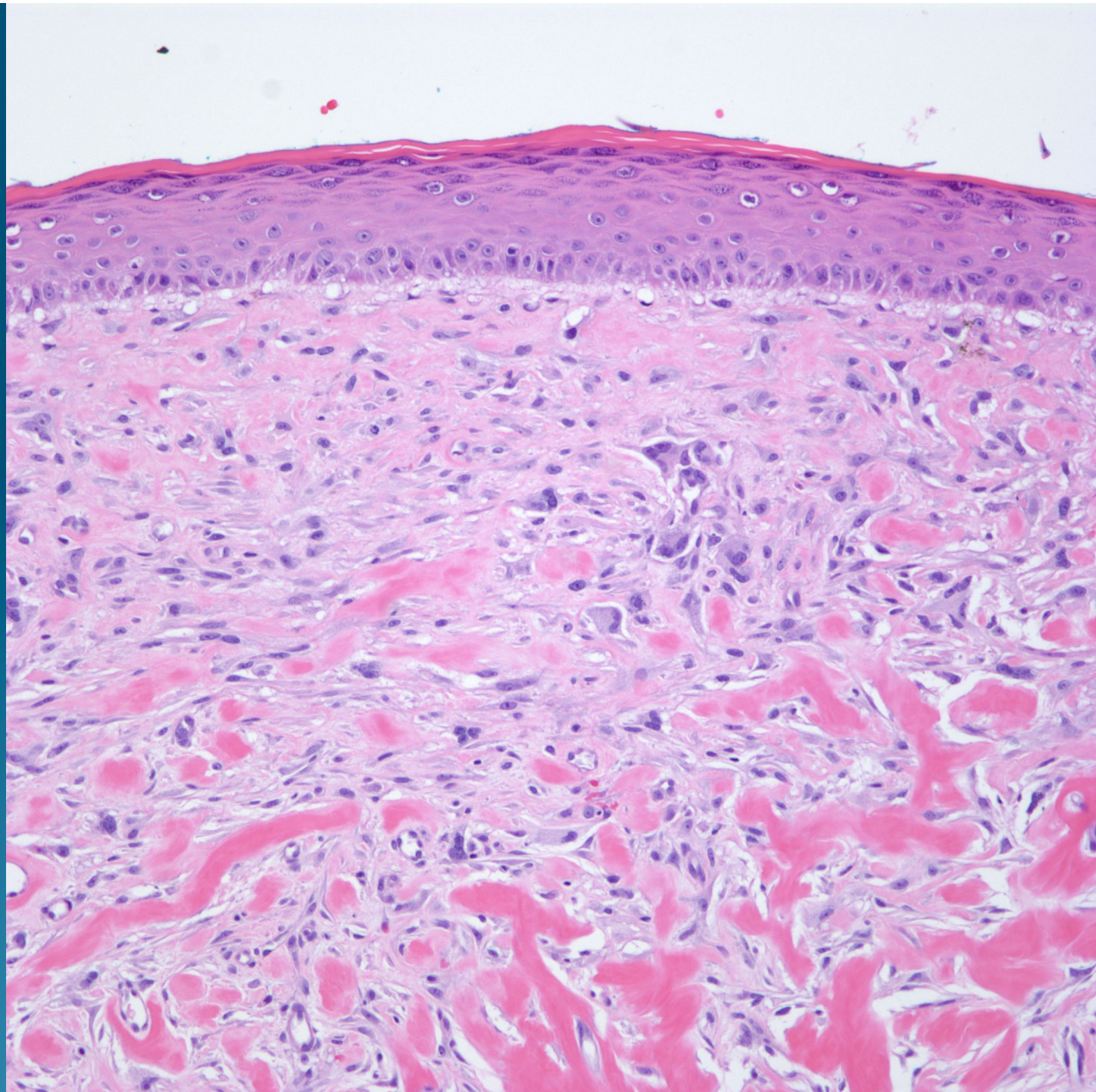
Dermal Based
Neoplasm

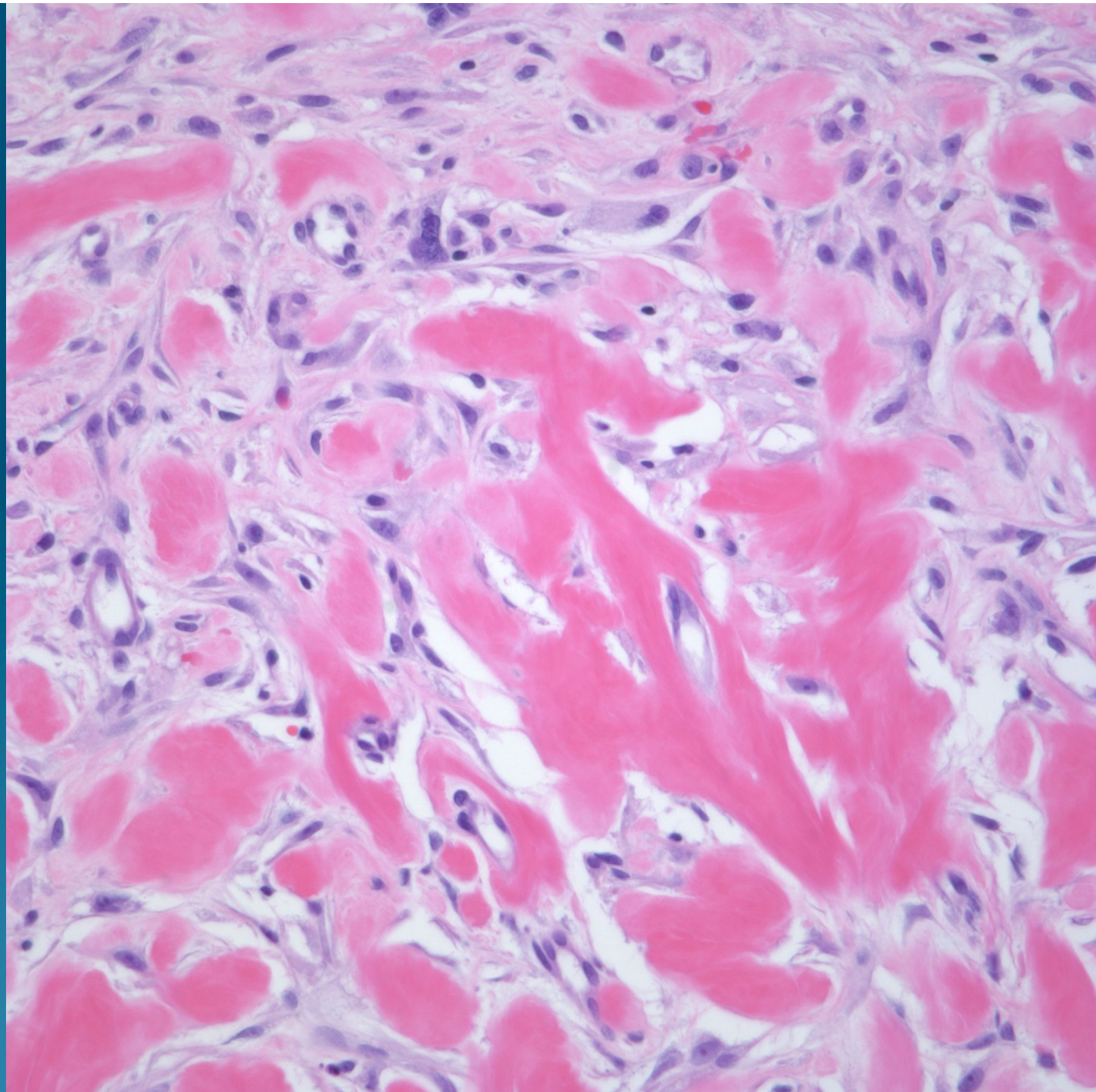
Cytologically
Malignant Cells



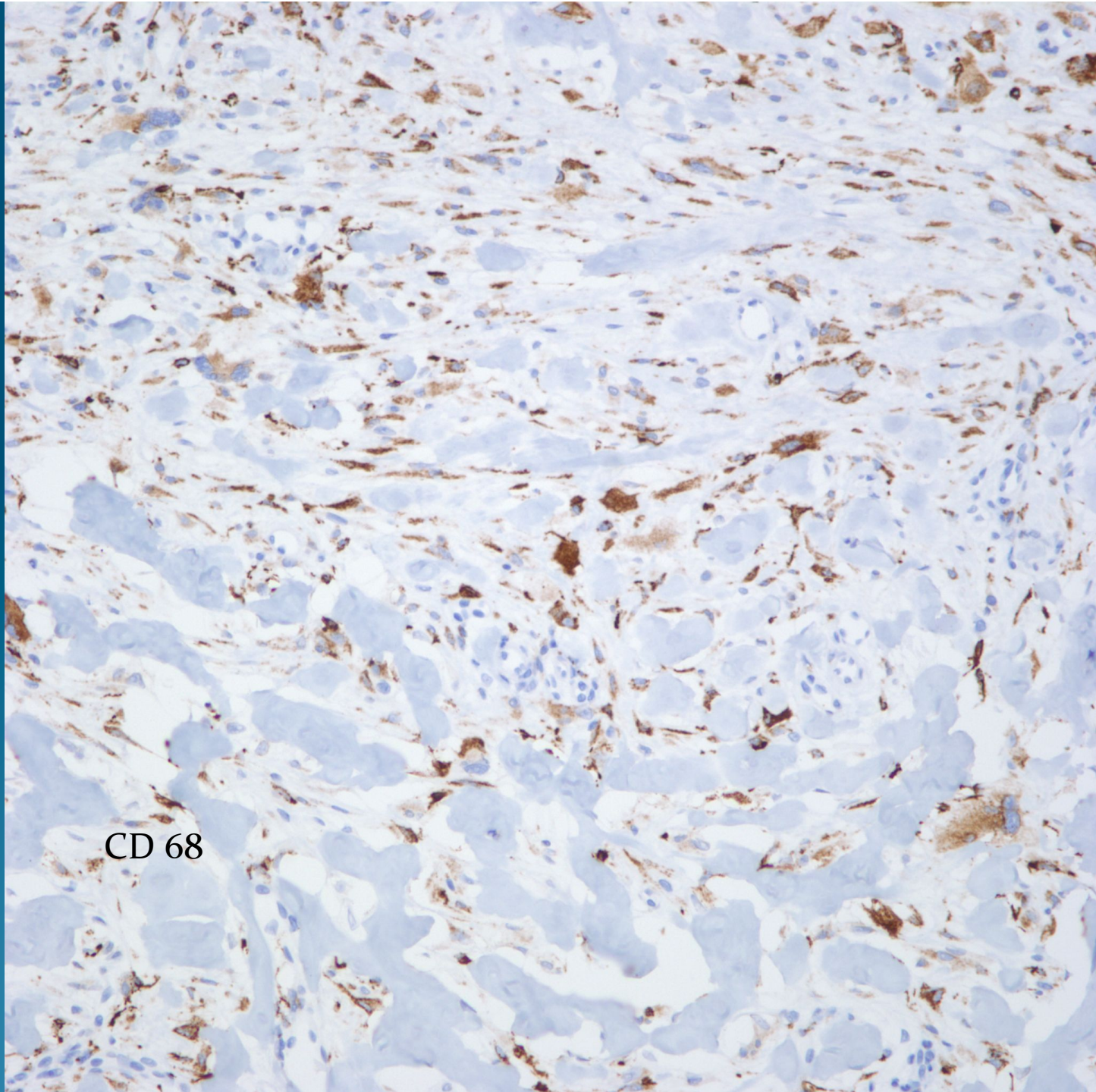








CD 68



Atypical Fibroxanthoma with Keloidal Collagen Changes

Notes

- This is a recently described variant of an atypical fibroxanthoma, which, in the absence of prior trauma or biopsy, shows this peculiar keloidal collagen bundles.
- Similar changes have been described in desmoplastic melanomas, basal cell carcinomas, and squamous cell carcinomas necessitating additional immunohistochemical stains to confirm the diagnosis
- There does not appear to be a difference in prognosis or behavior of this rare variant.
- J Cutan Pathol. 2009 May;36(5):535-9. Epub 2009 Mar 30.